SAFER SCHOOLS AND CAMPUSES
BEST PRACTICES CLEARINGHOUSE

- Lessons from the Field -

Strategies for Supporting COVID-19 Vaccination Efforts

NOVEMBER 10, 2021
3:00 - 4:00 PM ET

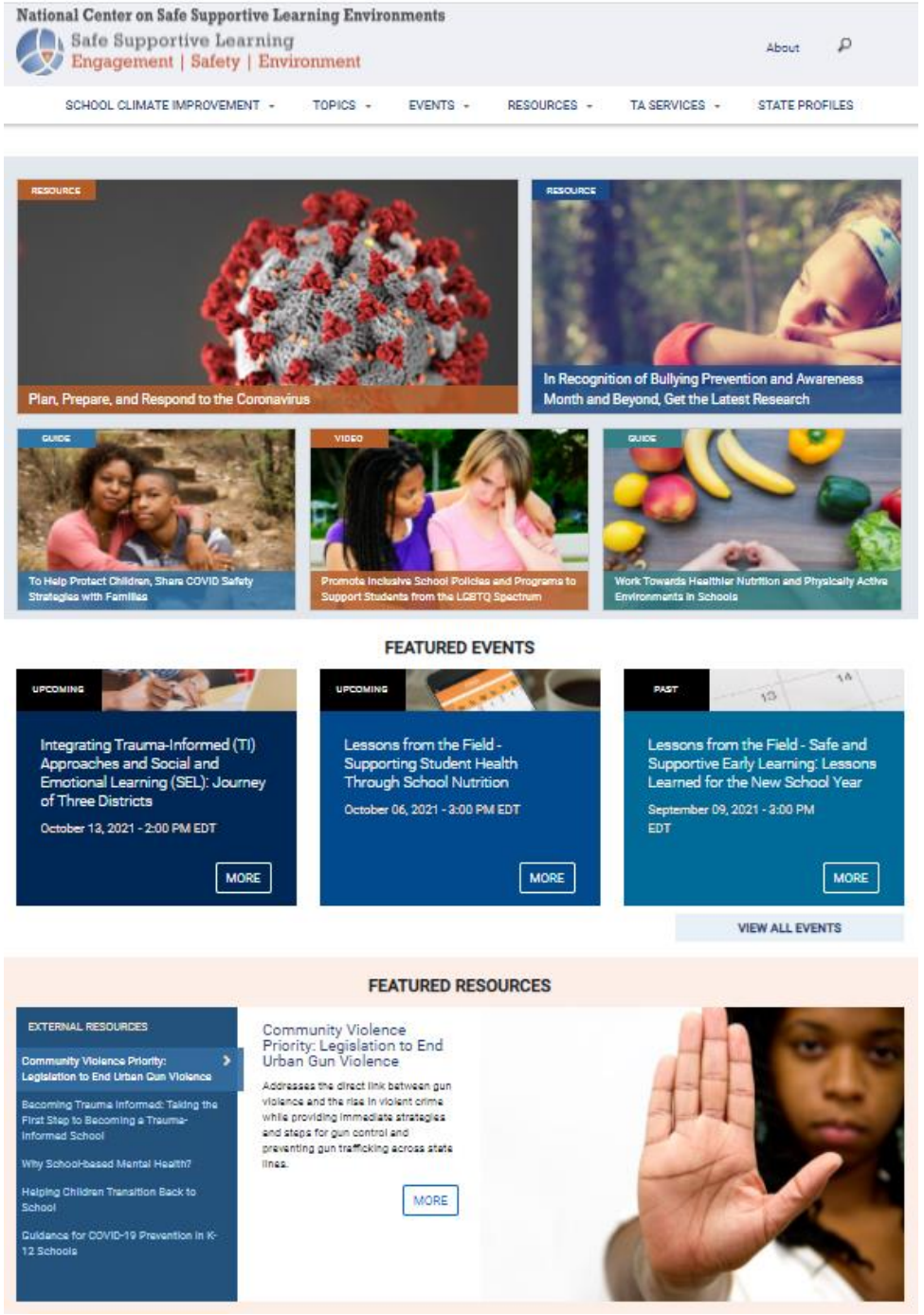
SAFER SCHOOLS AND CAMPUSES
BEST PRACTICES CLEARINGHOUSE

NCSSLE Website

HTTPS://SAFESUPPORTIVELEARNING.ED.GOV

- School Climate Improvement Resource Package
- ED School Climate Surveys
- Trauma-Sensitive Schools Training Package
- Building Student Resilience Toolkit
- Human Trafficking in America's Schools
- Improving Higher Education Learning Environment
- Supporting Trauma Recovery
- Promoting Mental Health
- Responding to Covid-19

To access information and archived materials from previous Lessons from the Field webinars, go to: https://safesupportivelearning.ed.gov/lessons-field-webinar-series



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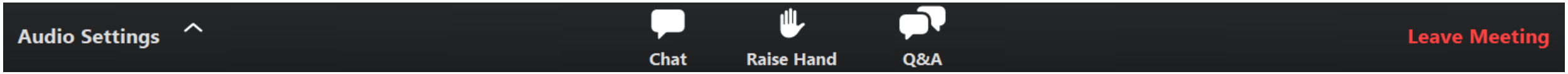
Logistics

Zoom Control Panel



Technical Issues

For assistance during the webinar, please contact Shoshana Rabinovsky at srabinovsky@air.org.

This webinar is being recorded and will be archived at the following location: https://safesupportivelearning.ed.gov/events/webinar/lessons-field-strategies-supporting-covid-19-vaccination-efforts

The content of this presentation does not necessarily represent the policy or views of the U.S. Department of Education, nor does it imply endorsement by the U.S. Department of Education.

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Initial Polling Questions

1. What is your role?

- ❑ School administrator
- ❑ Student Support Personnel (School Counselor, Social Worker, Psychologist)
- ❑ School Nurse
- ❑ Other local education agency staff
- ❑ State educational agency staff
- ❑ Local or state health department
- ❑ Parent/Family member
- ❑ Community member
- ❑ Advocate
- ❑ Other (Please specify in Q&A.)

2. Are vaccination clinics available to students in your community?

- ❑ Yes, there are vaccination clinic(s) in school(s).
- ❑ Yes, there are vaccination clinic(s) outside of school.
- ❑ Yes, vaccination clinic(s) are opening in school(s).
- ❑ Yes, vaccination clinic(s) are opening outside of school.
- ❑ No, vaccination clinics are not available to students in my community.
- ❑ Other (Please specify in Q&A.)
- ❑ Not applicable.

3. If yes, what kinds of entities are supporting the vaccination clinic(s)?

- ❑ Local pharmacy/ies
- ❑ Local health department
- ❑ State health department
- ❑ Local children's hospital
- ❑ Other (Please specify in Q&A.)
- ❑ Not applicable.

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Agenda

1. Introduction and Logistics
2. Pfizer-BioNTech COVID-19 Vaccine in Children aged 5-11 Years
3. Vaccine Clinics in Schools
4. Elementary and Secondary School Emergency Relief & Other Resources
5. Panel Discussion
6. Wrap Up & Closing

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Speakers

Christian Rhodes

Chief of Staff, Office of Elementary and Secondary Education, U.S. Department of Education

Levi Bohanan

Special Assistant, Office of Elementary and Secondary Education, U.S. Department of Education

Dr. Kate Woodworth

Pediatrician, CDC COVID-19 Response, Vaccine Task Force, Centers for Disease Control and Prevention

Dr. Kevin Chatham-Stephens

Pediatric Vaccine Planning and Implementation Lead and Medical Epidemiologist, CDC COVID-19 Response, Vaccine Task Force, Centers for Disease Control and Prevention

Sean Braisted

Executive Officer of Communications & Community Engagement, Metro Nashville Public Schools

Rita Carreón

Vice President, Health, UnidosUS

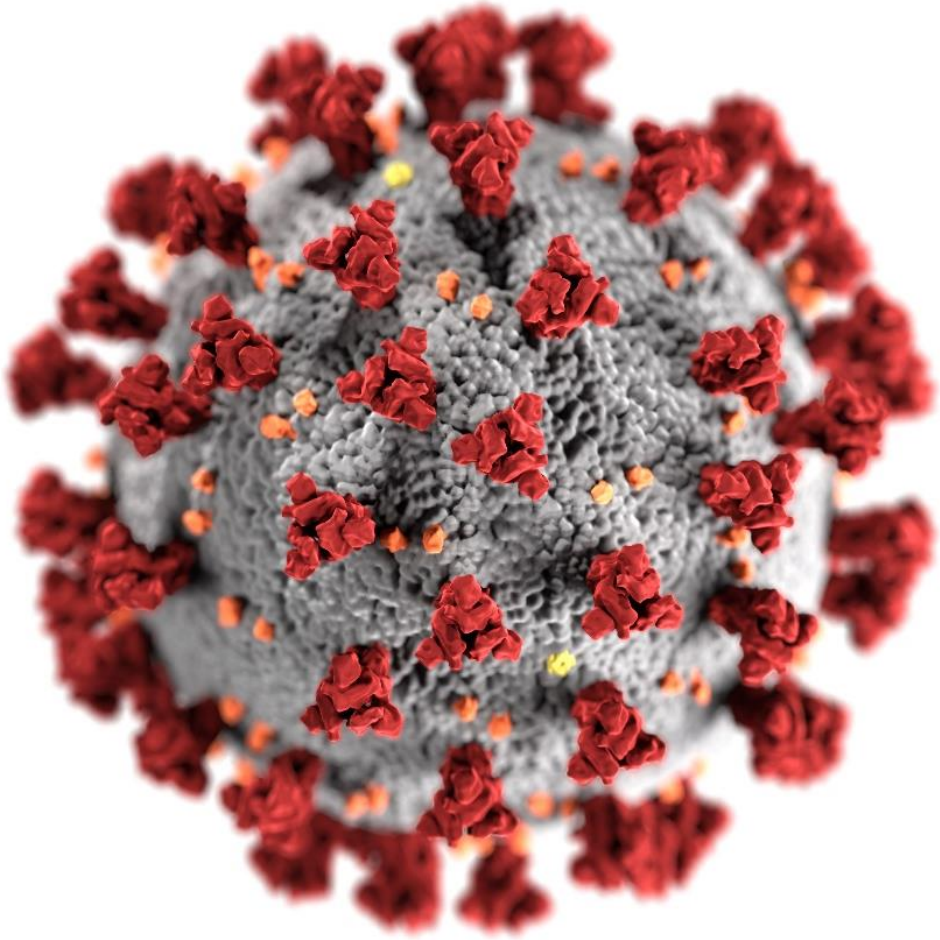
Amy Pine

CA COVID-19 Vaccine Task Force, California Department of Public Health

Bios for the speakers are archived at the following location:
https://safesupportivelearning.ed.gov/events/webinar/lessons-field-strategies-supporting-covid-19-vaccination-efforts

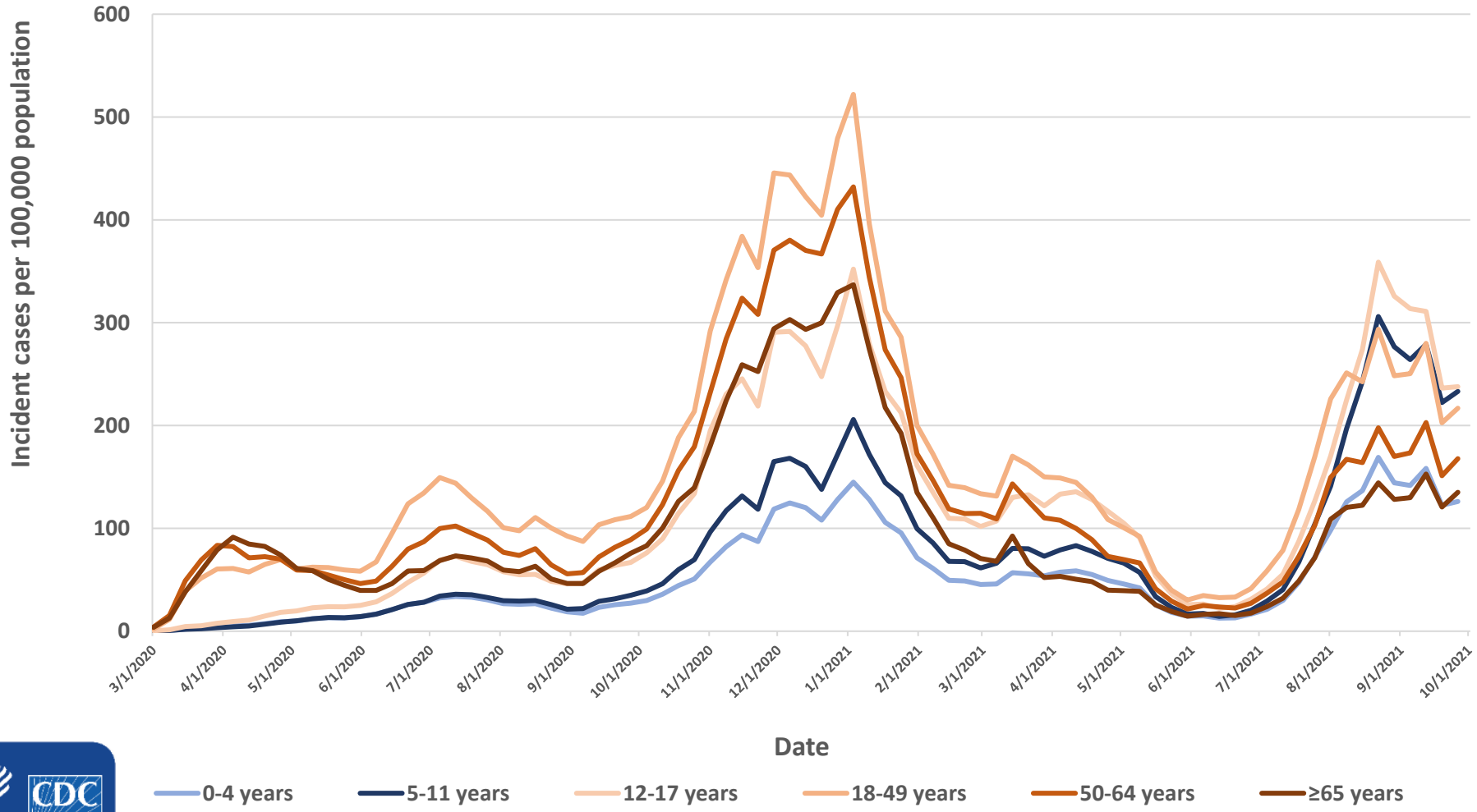
Pfizer-BioNTech COVID-19 Vaccine in Children aged 5–11 Years

Kate Woodworth, MD, MPH, FAAP
November 10, 2021



cdc.gov/coronavirus

COVID-19 Weekly Cases per 100,000 Population by Age — United States, March 1, 2020–October 10, 2021



>1.9 million cases among children 5-11 years of age

https://covid.cdc.gov/covid-data-tracker/#demographicsovertime

Summary

SARS-COV-2 epidemiology in children aged 5–11 years

- **Children are at least as likely to be infected with SARS-CoV-2 as adults.**
  - Over 1.9 million reported cases; seroprevalence estimated ~38% among 5–11 years in Sept. 2021
  - Infections in children less likely to be reported as cases than infections in adults
- **Children 5-11 years of age are at risk of severe illness from COVID-19.**
  - >8,300 COVID-19 related hospitalizations as of mid-October
  - 94 COVID-19 deaths (1.7% of all deaths among U.S. children 5–11 years)
  - Cumulative hospitalization rate is similar to pre-pandemic influenza seasons
  - Severity comparable among children hospitalized with influenza and COVID-19, with approximately 1/3 of children 5–11 years requiring ICU admission
  - MIS-C most frequent among children 5–11 years; 2,316 cases reported among this age group
  - Post-COVID conditions have been reported in children
- **Secondary transmission from young school-aged children occurs in household and school settings.**

Other pediatric vaccine preventable diseases:

Deaths per year prior to recommended vaccines

	Hepatitis A[1]	Meningococcal (ACWY)[2]	Varicella[3]	Rubella[4]	Rotavirus[5]	COVID-19
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	5–11 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Oct 2020–Oct 2021
Average deaths per year	**3**	**8**	**16**	**17**	**20**	**66**

[1]Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis2008; 197:1282–8.
[2]National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015-2019.
[3]Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. *J Infect Dis*. 2000;182(2):383-390. doi:10.1086/315714
[4]Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA2007; 298:2155–63.
[5] Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5-11.

Indirect impacts of COVID-19 pandemic on children

- Worsening of mental or emotional health

- Widening of existing education gaps

- Decreased physical activity and increased body mass index (BMI)

- Decreased healthcare utilization

- Decreased routine immunizations

- Increase in Adverse Childhood Experiences (ACEs)

- Loss of caregivers

Symptomatic lab-confirmed COVID-19

- Pfizer-BioNTech COVID-19 vaccine phase 2/3 randomized controlled trial (RCT)*
- Randomized 2:1 vaccine to placebo (median follow-up time: 3.3 months)
- Vaccine efficacy against symptomatic lab-confirmed COVID-19 was **90.9%** **(95% CI: 68.3%, 98.3%)**
  - 3 cases in the vaccine arm (N=1461; surveillance time: 369 person-years)
  - 16 cases in the placebo arm (N=714; surveillance time: 179-person-years)
- The geometric mean ratio (GMR) for antibodies in 5–11-year-olds compared with 16–25-year-olds was **1.04** (95% CI:0.93, 1.18), and **met the noninferiority criteria**

*Unpublished, data obtained from sponsor

Serious adverse events (SAE)

- Pfizer-BioNTech phase 2/3 randomized controlled trial (RCT)*
- None of the SAEs were assessed by the investigator as related to study intervention.
- No deaths were reported in any trial participants.

- Initial Enrollment Group (median follow-up time: 3.3 months)

  1 SAEs in 1 participants in the vaccine group (n=1518)
  - Limb fracture

  2 SAEs in 1 in the placebo group (n=750)
  - Pancreatitis
  - Abdominal pain

- Safety Expansion Group (median follow-up time: 2.4 weeks)

  3 SAEs in 3 participants in the vaccine group (n=1591)
  - Infective arthritis (infection of the knee)
  - Foreign body ingestion of a penny
  - Epiphysial fracture

  0 SAEs in the placebo group (n=788)

*Unpublished, data obtained from sponsor; randomized 2:1 vaccine to placebo

Reactogenicity, severe (grade ≥3)

- Pfizer phase 2/3 randomized controlled trial (RCT)* solicited events from participants or reported by their parent/legal guardian through electronic diaries for 7 days following each dose

- Local reactions (redness, swelling, pain at the injection site) and systemic reactions (fever, nausea/vomiting, headache, fatigue, chills, new or worsened muscle pain, new or worsened joint pain) were reported for 7 days after each dose.
  - **2.7**% of children in the vaccine arm vs **1.1**% in the placebo arm had a local or system grade ≥ 3 reaction after either dose
    - Most reactions were grade 3; 1 child in the vaccine arm with had a grade 4 fever >40.0°C; there were no other grade 4 reactions
  - More common after Dose 2; pain at injection site, fatigue and headache were the most common

*Unpublished, data obtained from sponsor

Summary

COVID-19 vaccines and seropositivity

Data from Phase 3 clinical trial

- **~9%** of children in clinical trial were baseline SARS-CoV-2 seropositive.
- Post-vaccination antibodies were **higher** in children who were baseline seropositive.
- Rates of local and systemic reactions, as well as adverse events, were **lower** in children who were baseline seropositive.

Data from U.S. studies

- Approximately **38%** of children aged 5–11 years have evidence of prior SARS-CoV-2 infection based on seroprevalence estimates.
- Prior infection can result in protection against infection but not 100% and likely decreases over time.
- Children have a greater proportion of asymptomatic infection relative to adults.[1-4]
  - Asymptomatic infection can result in lower antibody levels than severe disease.

1. Viner RM, Ward JL, Hudson LD, et al. [published online ahead of print, 2020 Dec 17]. *Arch Dis Child*. 2020;archdischild-2020-320972
2. Irfan O, Muttalib F, Tang K, Jiang L, Lassi ZS, Bhutta Z. [published online ahead of print, 2021 Feb 16]. *Arch Dis Child*. 2021;106(5):440-448
3. Dawood FS, Porucznik CA, Veguilla V, et al. [published online ahead of print, 2021 Oct 8]. *JAMA Pediatr*. 2021;10.1001/jamapediatrics.2021.4217. doi:10.1001/jamapediatrics.2021.4217
4. Poline J, Gaschignard J, Leblanc C, et al.. *Clin Infect Dis*. 2021;72(12):2215-2217. doi:10.1093/cid/ciaa1044

Balance of benefits and risks by seropositive status

- Delta-wave surges of pediatric COVID-19 hospitalizations occurred even with seroprevalence ~38%, suggesting this alone is not sufficient to provide broad protection
- Limited data on rates of reinfection in children
- Protection against asymptomatic/mild infection important outcome in children
  - MIS-C typically occurs after asymptomatic or mild infection; post-COVID conditions can also occur after mild infection
- No concerns identified in safety surveillance with seropositive adolescents and adults
  - Individuals 12-64 years with seropositivity >30%
- Vaccine recommendations that require serologic testing place unnecessary barriers
- Limited data to estimate impact of vaccination of seropositive children, but risks minimal
- Balance of benefits and risks **favorable** for vaccination of all children

Estimated benefits for every million Pfizer-BioNTech COVID-19 vaccinations in children 5-11 years of age using pandemic-average incidence

Recent Epidemiology 5-11 years	Pandemic Average 5-11 years
58,204 COVID-19 cases prevented	**18,549** COVID-19 cases prevented
226 hospitalizations prevented	**80** hospitalizations prevented
132 MIS-C cases prevented	**42** MIS-C cases prevented
72 ICU admissions prevented	**26** ICU admissions prevented

Assumptions: Benefits accrue over **180 days (6 months)**; VE against symptomatic COVID-19: 90%; VE against hospitalization: 95%
Data Sources: COVID Data Tracker. https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic. COVID Data Tracker https://covid.cdc.gov/covid-data-tracker/#trends_dailycases. COVID-Net https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html.
Recent epidemiology data from the week ending on 9/11/2021. Pandemic average data are averaged for the entire pandemic through the week ending on 10/16/2021.

Vaccine-associated myocarditis

- Identified rates of myocarditis are based on data from adolescents and adults receiving 30ug dose of Pfizer-BioNTech COVID-19 vaccine
  - Dose in pediatric (5–11-year-old) age group: 10ug dose
- Rare event, but most common in males 12–29 years of age
- No cases of myocarditis occurred during the clinical trials with 5–11-year-olds
  - N=3,082 with at least 7 days of follow up reported

Estimated risks for every million Pfizer-BioNTech COVID-19 vaccinations in children 5-11 years of age

Rates of myocarditis after vaccination in 5–11-year-olds unknown

No cases occurred during clinical trials (n=3,082 with at least 7 days follow-up)

Myocarditis after vaccination in 5–11-year-old population likely **lower** than rates seen in 12–15-year-olds

- Underlying epidemiology of viral myocarditis varies greatly between children aged 5–11 and 12–17 years: substantially **lower** in children 5–11 years of age
- Dose used in 5–11-year-olds (10µg) is a third of dose used in 12–15-year-olds (30µg)

Benefits and risks of Pfizer-BioNTech COVID-19 vaccine for children 5–11 years of age

Benefits

Prevention of COVID-19 cases

Likely prevention of hospitalizations, MIS-C and deaths and post-COVID conditions

Possible prevention of transmission

Greater confidence in safer return to school and social interactions

Risks

Myocarditis or other rare events after mRNA vaccines?

Short-term reactogenicity

Benefits and Harms

Summary

- Clinical trial demonstrated Pfizer-BioNTech COVID-19 vaccine is **safe**, **immunogenic** and **efficacious** in children 5–11 years of age
  - Trial not powered to assess rate of rare adverse events; no cases of myocarditis in ~3100 vaccinated children
- Balance of benefits and risks varies by incidence of COVID-19
  - Largest benefits with higher incidence
- Benefit/risk balance **favorable**, regardless of seropositivity rates
  - While many children 5–11 years of age may be seropositive, unknown duration of protection for asymptomatic infection in children
  - Safety data reassuring in seropositive population

Parental surveys

Intent to have children vaccinated

- Among parents surveyed, **34–57**% plan to get their children vaccinated[1-6]
- **90**% of parents ‘very worried’ their child would get COVID-19 reported intent to vaccinate their child, compared to **7**% of parents ‘not worried at all’[5]
- **82**% of fully vaccinated parents reported intent to vaccinate their child, compared to **1**% of parents who are unvaccinated/do not plan to get vaccinated[5]
- Among parents of teens who discussed vaccination with their pediatrician, **three-quarters** of those whose pediatrician recommended vaccination say their child received at least 1 dose[6]

1. Szilagyi PG, et al. Parents' Intentions and Perceptions About COVID-19 Vaccination for Their Children: Results From a National Survey [published online ahead of print, 2021 Aug 3]. Pediatrics. 2021;e2021052335.
2. Ruggiero KM, et al. Parents' Intentions to Vaccinate Their Children Against COVID-19 [published online ahead of print, 2021 Jun 30]. J Pediatr Health Care.
3. Brenan M. In U.S., 55% Would Get COVID-19 Vaccine for Young Child. Gallup. September 28, 2021. Available at: https://news.gallup.com/poll/354998/covid-vaccine-young-child.aspx . Accessed October 1, 2021
4. Unpublished data from the CDC, the University of Iowa, and RAND Corporation Survey of Parents, September 2021
5. Gallup Panel Poll. Available at https://news.gallup.com/poll/354998/covid-vaccine-young-child.aspx. Accessed September 29, 2021.
6. Lopes L, et al. KFF COVID-19 Vaccine Monitor: Available at: https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-trends-among-children-school/ Accessed: October 1, 2021

Formulation and Dosing for Pfizer-BioNTech COVID-19 Vaccines

	Formulation for ≥12-year-olds (purple cap)	Formulation for 5–11-year-olds (orange cap)
Age group	12 years and older	5-11 years
Vial cap color		
Dose (mRNA concentration)	30 ug	10 ug
Injection volume	0.3 mL	0.2 mL
Fill Volume (before dilution)	0.45 mL	1.3 mL
Amount of Diluent* Needed per vial	1.8 mL	1.3 mL
Doses per Vial	6 (after dilution)	10 (after dilution)

*Diluent: 0.9% sterile Sodium Chloride Injection, USP (non-bacteriostatic; DO NOT USE OTHER DILUENTS)
Modified from https://www.cdc.gov/vaccines/covid-19/downloads/Pfizer-Pediatric-Reference-Planning.pdf

Formulation and Dosing for Pfizer-BioNTech COVID-19 Vaccines

	Formulation for ≥12-year-olds (purple cap)	Formulation for 5–11-year-olds (orange cap)
Number of doses	2	2
Interval	3 weeks (21 days)	3 weeks (21 days)
Additional primary dose	Moderate and severe immunocompromise	Not recommended
Booster dose	Not recommended 12–17 years	Not recommended
	Recommended for certain groups ≥18 years*	

*Individuals 65 years and older or individuals ages 18 years and older who live in long-term care settings, have underlying medical conditions, or who work or live in high-risk settings. Mbaeyi S, Oliver SE, Collins JP, et al. The Advisory Committee on Immunization Practices' Interim Recommendations for Additional Primary and Booster Doses of COVID-19 Vaccines — United States, 2021. MMWR Morb Mortal Wkly Rep. ePub: 29 October 2021

Vaccine Dosage

- **Children should receive the age-appropriate vaccine formulation regardless of their size or weight**.
  - As opposed to many medications, vaccine dosages are based on age and not size or weight.

- The dosage should be based on the child's age on the day of vaccination.
  - If a child turns from 11 to 12 years of age in between their first and second dose and receives the 5–11 years 10 µg (orange cap) for their second dose, they do not need to repeat the dose and this is not considered an error under the EUA.

Summary

Since beginning of the COVID-19 pandemic, among U.S. children 5-11 years of age, there have been

1.9 million cases

8,300 hospitalizations

2,316 MIS-C cases

94 deaths

COVID-19 is now
vaccine preventable.

ACIP Vote – Interim Recommendation

The Pfizer-BioNTech COVID-19 vaccine is recommended for children 5–11 years of age in the U.S. population under the FDA's Emergency Use Authorization.

Vaccine Clinics in Schools

KEVIN CHATHAM-STEPHENS
VACCINE TASK FORCE
CDC

Elementary and Secondary School Emergency Relief (ESSER) & Other Resources

November 10, 2021

ESSER FAQs Overview

- The Department's guidance on the use of ESSER and GEER funds emphasizes that these resources are available for a wide range of activities to address diverse needs arising from or exacerbated by the COVID-19 pandemic, and to emerge stronger post pandemic.
- The FAQ document provides an overview of how the funds can be used and specifically addresses reopening schools safely and promoting the health and safety of students, staff, and the school community, including expanding access to vaccinations; advancing educational equity in COVID-19 response; and using ESSER and GEER funds to support educators and other school staff.

ESSER FAQs Overview

- *Allowable SEA and LEA uses of funds under ESSER and GEER, including the CARES Act, CRRSA Act, and ARP Act (i.e., ESSER I, GEER I, ESSER II, GEER II, and ARP ESSER)*
- *Link to FAQs:* https://oese.ed.gov/files/2021/05/ESSER.GEER_.FAQs_5.26.21_745AM_FINALbocd6833f6f46e03ba2d97d30aff953260028045f9ef3b18ea602db4b32b1d99.pdf

Resources

Visit the following URLs for more information

- ARP ESSER: https://oese.ed.gov/offices/american-rescue-plan/american-rescue-plan-elementary-and-secondary-school-emergency-relief
- ESSER and GEER Use of Funds: https://oese.ed.gov/files/2021/05/ESSER.GEER_.FAQs_5.26.21_745AM_FINALbocd6833f6f46e03ba2d97d30aff953260028045f9ef3b18ea602db4b32b1d99.pdf
- COVID-19 Handbook Volume 1: Strategies for Safely Reopening Elementary and Secondary Schools: https://www2.ed.gov/documents/coronavirus/reopening.pdf
- COVID-19 Handbook Volume 2: Roadmap to Reopening Safely and Meeting All Students' Needs: https://www2.ed.gov/documents/coronavirus/reopening-2.pdf

Practitioner Introductions

LESSONS FROM THE FIELD

METRO NASHVILLE PUBLIC SCHOOLS 2021-22

FACT SHEET

126 LANGUAGES SPOKEN

159 SCHOOLS

Early Learning Centers	4
Elementary Schools	70
Middle Schools	29
High Schools	23
Alternative Learning Centers	3
Exceptional Education Schools	3
Charter Schools	27

11,030 STAFF

Certificated	6,896
Support	4,134
Avg. Years of Service	10

79,651 STUDENTS

Black	39.4%
Hispanic/Latino	30.72%
White	25.1%
Asian	3.96%
American Indian or Alaska Native	0.21%
Native Hawaiian or Other Pacific Islander	0.16%

English Learner Students	21.06%
Exceptional Education Students	12.22%
Graduation Rate	82.4%

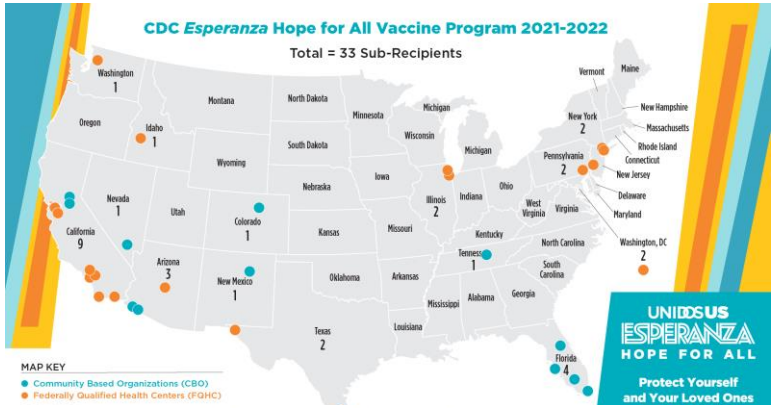
METRO NASHVILLE PUBLIC SCHOOLS

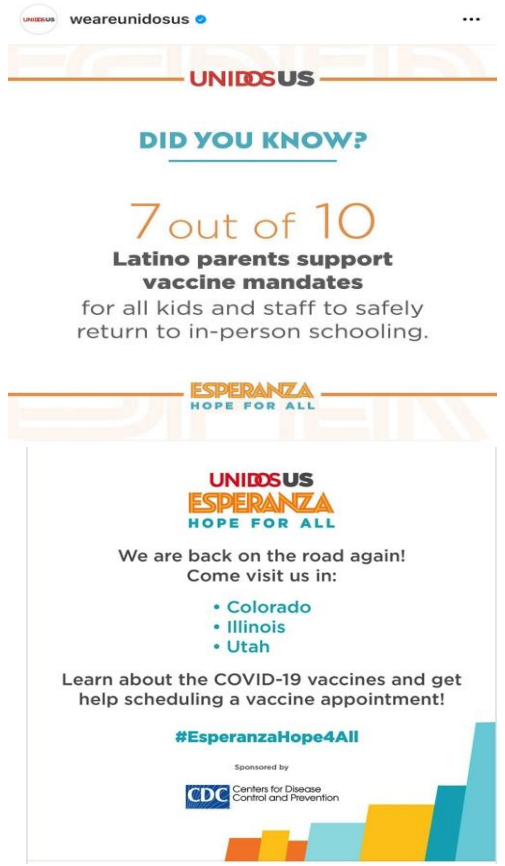
Esperanza/Hope for All Campaign

Reach: A total of 24 million individuals reached with COVID-19 information

More than a year into the pandemic, Latino parents today feel more concerned than before about COVID-19's impact on their family. At the same time, UnidosUS polling has found that an overwhelming majority of Hispanic parents support requiring all students and educational staff to be vaccinated for in-person schooling. However, the lack of clear information about the safety and effectiveness of the vaccines for children is a concern. At UnidosUS we continue to provide factual, clear and evidence-based guidance on vaccines o Latino families so they can make informed decisions about their health as part of our *Esperanza* Hope for All campaign.

https://www.unidosus.org/padresyvacunas/



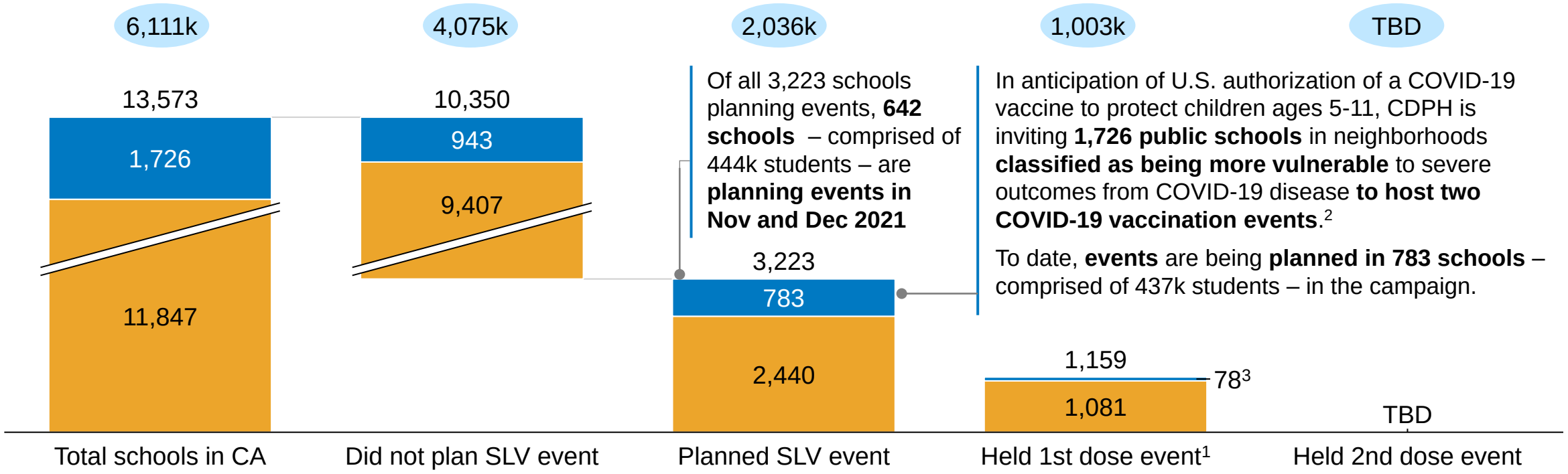


School-located vaccination events across CA

Number of schools

AS OF 10/26/2021 COMTNUOUS DRAFT FOR DISCUSSION

- **3,223 schools** in CA – comprised of 2M students – **plan to host COVID-19 school-located vaccination events** by Summer 2022, including:
  - **1,159 schools** in CA – comprised of 1M students – that **have already hosted a COVID-19 vaccination event**[1]
  - **642 schools** in CA – comprised of 444k students – that **plan to host a COVID-19 vaccination event in November or December 2021**
- **578 additional schools** – comprised of 313k students – are being **invited to host a COVID-19 vaccination event in December 2021** (not shown below)



1. Schools listed hosted a COVID-19 school-located vaccination (SLV) event as of October 26, 2021, when survey responses were collected
2. Initial focus schools are public schools located in Healthy Places Index Quartile 1 zip codes or in Equity-focused outreach (EFO) zip codes that have students ages 5-11; the approach was further sequenced based on a set of equity criteria, including schools' total enrollment, percentage of students who qualify for free or reduced lunch, and provider density
3. 78 of our 1,726 schools in the Nov/Dec campaign, comprised of 37k students, have previously hosted COVID-19 vaccination events (before November 2021)

Source: CDPH Schools Vaccination Team, LHJ points of contact, school points of contact

Panel Discussion

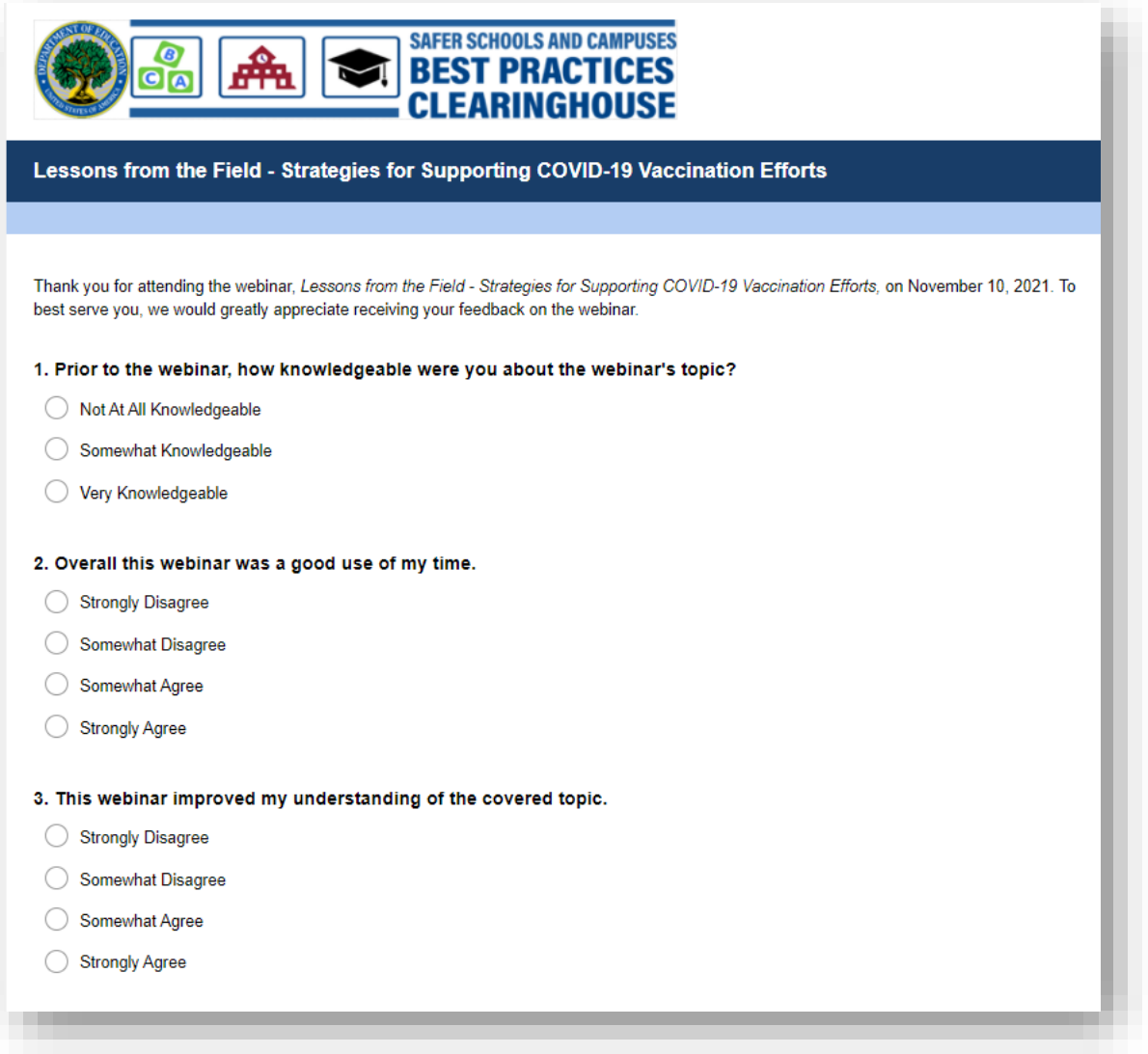
LESSONS FROM THE FIELD

Closing Polling Question

4. Select the topic(s) for which you feel additional information is needed. (Select all that apply.)

- Mental Health and Wellness for Faculty and Staff
- Mental Health for Students
- Allowable Uses of ARP Funds
- COVID-19 Prevention and Safe Operations Strategies
- Vaccinating Students, Faculty and Staff
- Re-engaging Students
- Early Childhood
- Higher Education
- Nutrition and Wellness

Feedback Form



SAFER SCHOOLS AND CAMPUSES BEST PRACTICES CLEARINGHOUSE

Lessons from the Field - Strategies for Supporting COVID-19 Vaccination Efforts

Thank you for attending the webinar, *Lessons from the Field - Strategies for Supporting COVID-19 Vaccination Efforts*, on November 10, 2021. To best serve you, we would greatly appreciate receiving your feedback on the webinar.

1. Prior to the webinar, how knowledgeable were you about the webinar's topic?

- ○ Not At All Knowledgeable
- ○ Somewhat Knowledgeable
- ○ Very Knowledgeable

2. Overall this webinar was a good use of my time.

- ○ Strongly Disagree
- ○ Somewhat Disagree
- ○ Somewhat Agree
- ○ Strongly Agree

3. This webinar improved my understanding of the covered topic.

- ○ Strongly Disagree
- ○ Somewhat Disagree
- ○ Somewhat Agree
- ○ Strongly Agree

HTTPS://WWW.SURVEYMONKEY.COM/R/LFTF_SESSION15

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Thank You!

Should you have any questions, please contact us at NCSSLE@air.org or 800-258-8413. We are happy to help!

NCSSLE Website
https://safesupportivelearning.ed.gov

Best Practices Clearinghouse
https://bestpracticesclearinghouse.ed.gov/